



41

\$2813

PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/056,054		
	Filing Date	January 28, 2002	
	First Named Inventor	Shunpei YAMAZAKI et al.	
	Group Art Unit	2813	
	Examiner Name	T. Pham	
Total Number of Pages in This Submission		Attorney Docket Number	0756-2427

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment and Reply	<input type="checkbox"/> Declaration and Power of Attorney	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Other Enclosures
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	1.
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	2.
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	3.
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	4.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	5.
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.	6.

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165
Signature	
Date	11-7-03

CERTIFICATE OF MAILING

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Signature		Date	11.7.03

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
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**FEE TRANSMITTAL
FOR FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$398.00)

Complete if Known

Application Number	10/056,054
Filing Date	January 28, 2002
First Named Inventor	Shunpei YAMZAKI et al.
Examiner Name	T. Pham
Group Art Unit	2813
Attorney Docket No.	0756-2427

METHOD OF PAYMENT

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

50-2280

Deposit
Account
NameRobinson Intellectual Property
Law Office

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CFR 1.16 and 1.17 and
-
- credit overpayments

- ☐
- Applicant claims small entity status.
-
- See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

- ☒
- Check
- ☐
- Credit Card
- ☐
- Money
-
- Order
- ☐
- Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
33	-27** = 6	X \$18	= \$108
Independent Claims	5	-5** = 0	X \$86 =
Multiple Dependent			=

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$108.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65 Surcharge - late filing fee or oath	
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130 Non-English specification	
1812	2,520	1812	2,520 For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action	
1251	110	2251	55 Extension for reply within first month	\$110.00
1252	420	2252	210 Extension for reply within second month	
1253	950	2253	465 Extension for reply within third month	
1254	1,480	2254	740 Extension for reply within fourth month	
1255	2,010	2255	1005 Extension for reply within fifth month	
1401	330	2401	165 Notice of Appeal	
1402	330	2402	165 Filing a brief in support of an appeal	
1403	290	2403	145 Request for oral hearing	
1451	1,510	1451	1,510 Petition to institute a public use proceeding	
1452	110	2452	55 Petition to revive - unavoidable	
1453	1,330	2453	665 Petition to revive - unintentional	
1501	1,330	2501	665 Utility issue fee (or reissue)	
1502	480	2502	240 Design issue fee	
1503	640	2503	320 Plant issue fee	
1460	130	1460	130 Petitions to the Commissioner	
1807	50	1807	50 Processing fee under 37 CR 1.17(q)	
1806	180	1806	180 Submission of Information Disclosure Stmt	\$180.00
8021	40	8021	40 Recording each patent assignment per property (times number of properties)	
1809	770	2809	385 Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385 For each additional invention to be examined (37 CFR § 1.29(b))	
1801	770	2801	385 Request for Continued Examination (RCE)	
1802	900	1802	900 Request for expedited examination of a design application	

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$290.00)

CERTIFICATE OF MAILING

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*Ashley M. Stanger***SUBMITTED BY**

Name (Print/Type) Eric J. Robinson

Signature

Registration No.
(Attorney/Agent)

38,285

Complete (if applicable)

Telephone (571) 434-6789

Date

11-7-03